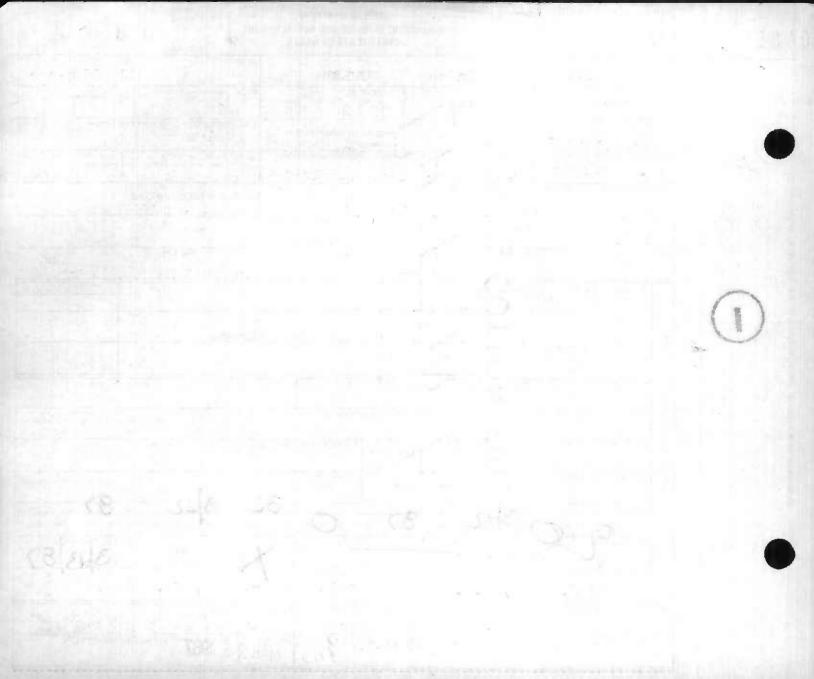
STATE OF	MARYLAND
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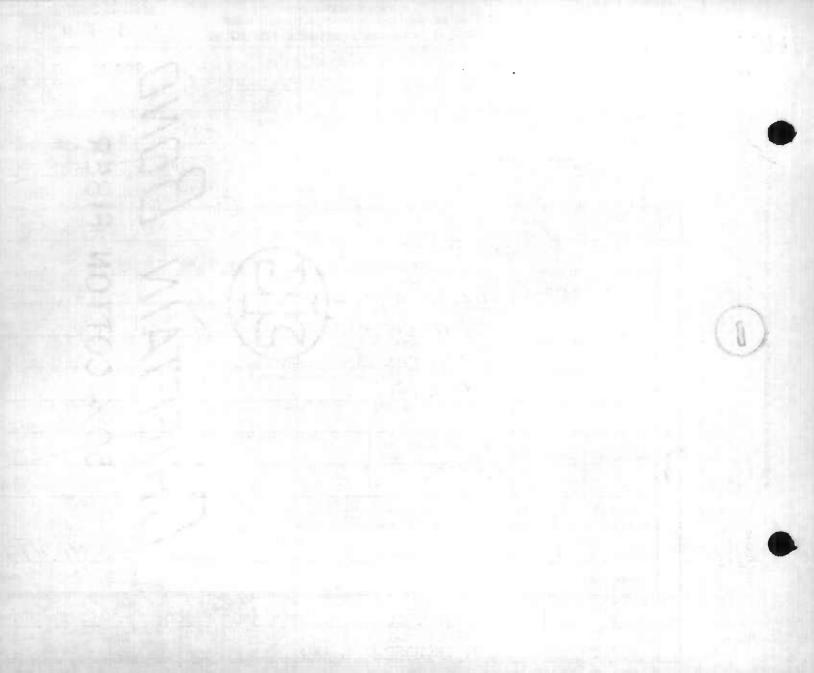
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048599, MR3	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND M CERTIFICATE OF D	24 /	8 0 5 9								
	. DECEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR								
nay be s page 3 r death	John I	Lindsay BUTLER	3	22 87 9:44A M								
ge 4 mo ector, po irs after c	Male Wr	s. date of Birth	VEAR 06 80. YR	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.								
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es that the democratic places and common to the democratic places and common common to or other populations.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROXIMATE INTERVAL SETWEEN ONSELAND DEATH BUT O, OR AS A CONSEQUENCE OF (b) Chronic obstructive lung disease DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Light CONDITION											
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirent this certificate has been signs the burnal-tronsit permit. Then the and Mental Hygiene prior to borked or literal to have a prior to borked or literal to have a purior to have a	210. ACCIDENT WAS UNDERLYING 21b. TIME C	DITION FOR WHICH OPERATION WAS PERFOR		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO								
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O HOSPITA etorined by 4 TO FUNERAl should be de with the Stori	Ronald J. Ross, M		e Frederick, Md.	20768								
	230 BURIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CO	CITY OR TOWN	COUNTY STATE								
BP	burial 3 24	87 Southern Mem.		lvert Maryland								
DHMH - 16 60M 7/B4 (VRA 15, 4)	NAME NOUDCH FUR	resolvent one our	MAR 26 1987	SURAPOSTONA URE								



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN 26 HOUR LTYPE OR PRINTI OF ESTI-GEORGE L. COMBS DEATH MATED To 87 3 SEX 4. RACE S. DATE OF BIRTH 2d HOUR IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD OCT.5,1940 MARCH 17 1987 46 TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED X XNEVER MARRIED FOREIGN COUNTRY) CAL VERT DIVORCED ... USA WIDOWED [MD B CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FREDERICK HOUSE HOLD GOODS INSPECTOR SUAL RESIDENCE LIE IN NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13a STATE OUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ST. MARY'S HOLL YWOOD YES 2. BOX 42 MD FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Norris Edward Combs Catherine E. George 7. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) HEYES GIVE WAR OR DATES Same as 13E. 220-38-3087 Janice Ruth Combs Yes Army APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), b BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO T HOULD BE U 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, III LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK MARYLAND 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTC
AFTER DEATH, WITH THE
BALTHMORE, MARYLAI death resulted from: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) SKINATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRES: 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION ST. MARY 3/20/87 CEMETERY HOLLYWOOD. BURIAL JOHNS 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) CLARKE MATTINGLEY. LEONARDTOWN, MD

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN & HOUR (TYPE OR PRINT) OF ESTI E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS KATHERINE FROHLICH 759 DEATH MATED 03 187 Marosi 4 RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 1759 DEAD 03 87 1-2-1912 Cau. BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania CALVERT COUNTY WIDOWED . DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Own Home PRINCE FREDERICK CALVERT MEMORIAL HOSPITAL Housewife SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Lothian 35 Daniel Drive 13d INSIDE CITY LIMITS? Anne Arundel Maryland 20711 YES X 2 S 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rosa Riho Joseph Marosi 17. INFORMANT 166 SOCIAL SECURITY NO DIVISION LYES NO OR UNKNOWNS Elmer H. Frohlich, Sr., Same as line #13 578-22-9994 No 18 CAUSE OF DEATH (Enter only one couse per li APPROXIMATE INTERVAL PRESTON ST. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Conditions, if any, which gove rise to immediate cause (o) stoting the underlying couse last. 3 SHOULD BE USED AS A BENEATH AN I PRIOR TO BURIAL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 1% DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [NO. 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE COUNTY STATE EXECUTE THE CERTIFICATE, WHO PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE BACKER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion deoth resulted from: Hamicide Natural course Suicide Undetermined manner SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS Calvert Co. Hospital, Prince Fred., Md FMAD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 3-20-87 Ft. Lincoln Cemetery Brentwood, P.G., Maryland FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 250 DATE REC'D. BY REGISTRANCIS ON ALL PLANCIS OF THE PROPERTY OF THE PR 07/84 **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))



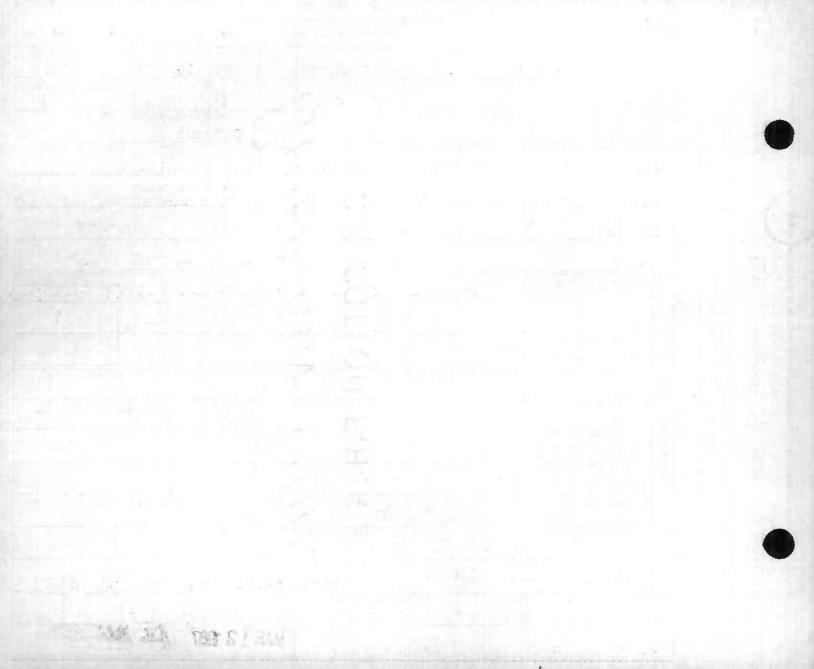
264, Box 34B, Port Republic, Maryland 20676

(VRA 15, 4)

Aulia Davidson-Ran

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M (1)		IO			34-6693	PAUL H.	HAYWAI	RD, SAM	E AS	13E.	
4 4 11th		18 CAUSE OF DEATH (En	ter anly ane cau	se per line far (a),	(b), and ic)	-				BETWEEN	MATE INTERVAL ONSET AND DEATH
The state of the s		PART I. DEATH WAS C	AUSED BY. EDIATE CAUSE (o) Acu	te 5	nferige	Mall	NAOON	grange of	Infenc	tain 20
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the the state of t		underlying cause la	st (c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The low requires that the death of extending physician the flux certificate has been agreed by the attending as the build-transit permit. Then please remove confine the and Americal Hyguines prior to build. Cerevollian, or arked or from 18 shows day injury, or other treatments	2	PART 2 OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DI	SEASE OR COND	ITION GIVEN	IN PART 1	a,
8 F F F F F F F F F F F F F F F F F F F	CERTIFICATION										
9 1 41110	NO.	19a. DATE OF OPERATION	196 €	ONDITION FOR V	WHICH OPERATIO	WAS PERFORMED	20a	AUTOPSY?	20b. IF YES, V IN CERTIFY!	WERE FINDING CAUSES	NGS USED OF DEATH?
4 40 40 4	12						YES		YES		NO 🗆
N 24 3 3 5 6 7	DEC.	21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING ☐ CAUSE		IME OF INJURY JR A.M. MONT	H DAY YEAR	21c. HOW INJURY O	OCCURRED (EN	ITER NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)	
2 25 50 17	2	(IF EITHER, NOTIFY MEDICAL EX	AMINER)	P.M.	19						
O	MEDICAL	21d INJURY OCCURRED	LATIMO	ME. STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
NA SE		AT WORK NOT WHILE						1	1	-	
A STATE OF S		27 Certify that (1) (this			from 3	3/7/ 15	, to.	31	10/19	-3)	that (I) (we) last
_ E4 044 E		saw the deceased oli above, (I) (we) (did) (ve on_ did nat) view the	body ofter death.		d that in (my) (aur) a	pinion death ac	curred an the date	e and haur a	nd fram the	causes stated
Se proper		226. SIGNATURE		00	0	DEGREE	1110 11501			22c. DATE	SIGNED
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DHMH - 16 60M 7/B4		INERAL DIRECTOR	y II dia i	ADI	DRESS	2:	TAR REL'S	BY RECISIRAR 2	RE IST	EN	A. C.
(VRA 15, 4)	¥	. Clarke M	latting	ley, Le	eonardto	own, Md.	muny T.	1001	1 - 1	Acceptance	Z-E



23c. NAME OF CEMETERY OR CREMATORY

Charles Memorial

Leonardtown, St. Mary 's, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

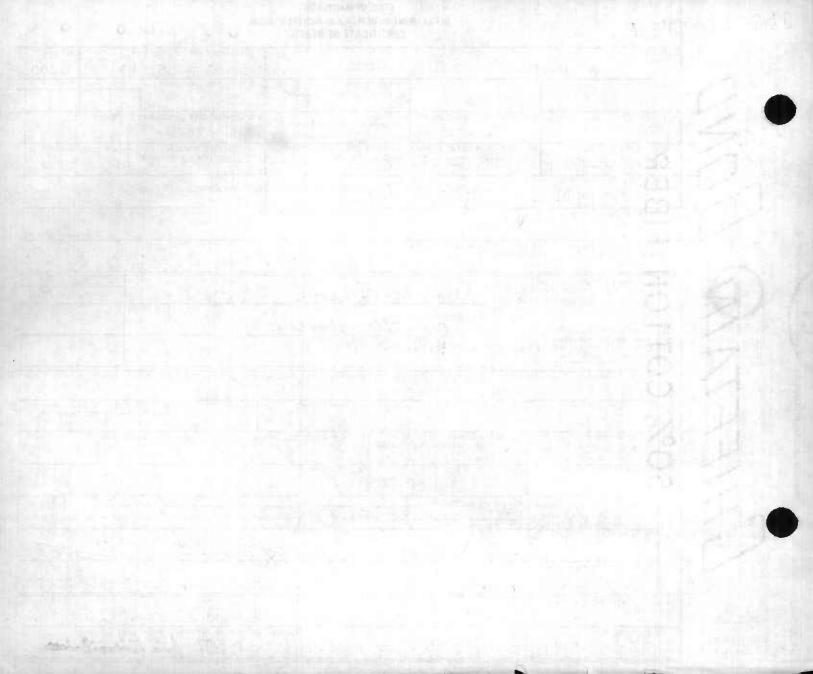
24 FUNERAL DIRECTOR

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(VRA 15. 4)

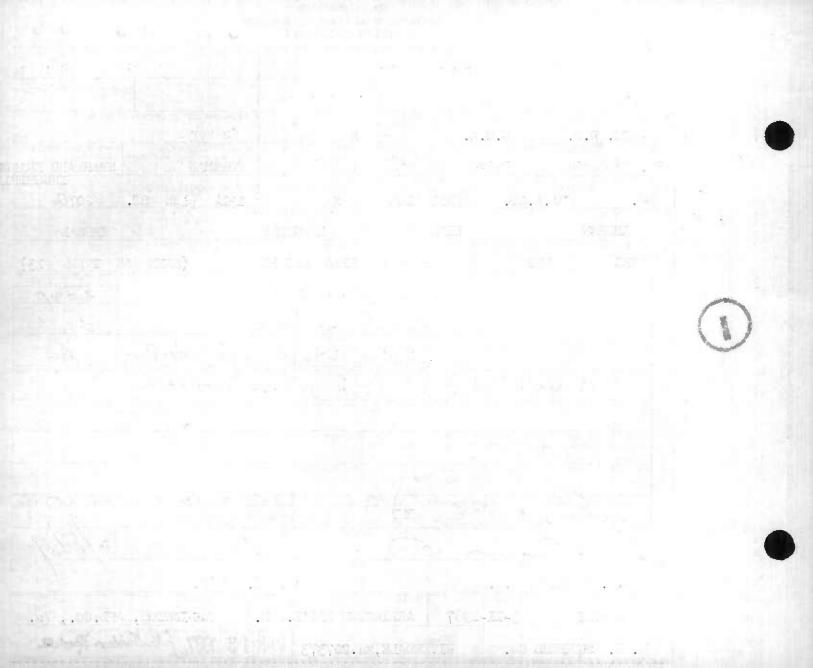
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W. Clarke Mattingley, Leonardtown, Md.

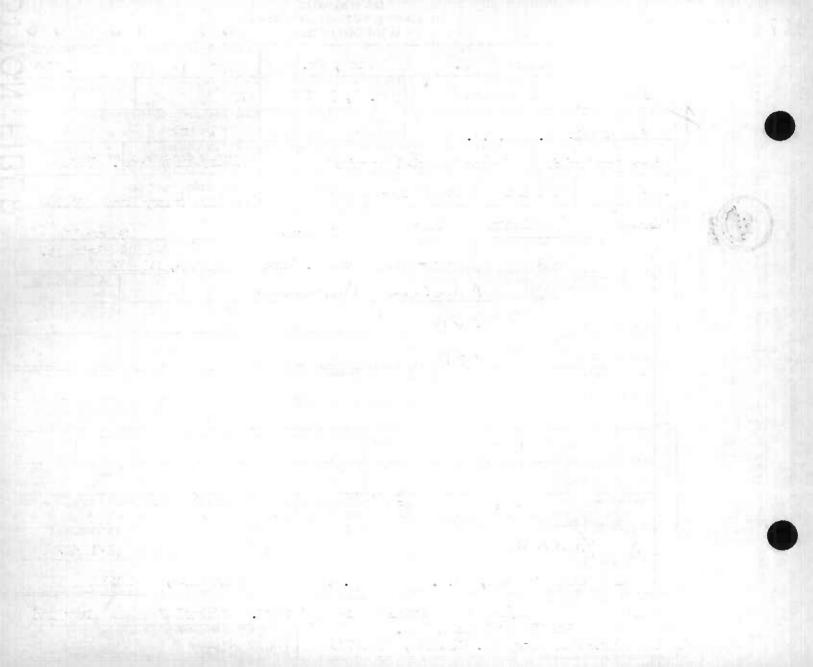


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I' DECEASED NAME 2g DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) William Albert Kina 03/06/ poge 4. RACE 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR 3 SEX DAYS HOURS. 93 10 Male White 7a BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED Calvert WASH. D.C. U.S.A. WIDOWEDKT DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Calvert Memorial Hospita FOREMAN STANDARD BRANDS INDIOSYURIE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20764 PINE Md. A.A.CO. SHADY SIDE 1314 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ANDREW KING MARGARET HENSAL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 577-07-4602 RITA WHITTBY SAME TIPEM APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and ic.
PART I, DEATH WAS CAUSED BY: Z da IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LELS avenin 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE Morch 22ª I certify tho (14 (this hospital) attended the deceased from morchs The deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the spuses stated (1) (we) (did) (did not) liew the body after death DEGREE ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS MPORTA C.A. Jeschke, M.D. Owings, Md. 20736 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL 3-11-1987 ARLINGTON NAT'L.CEM. ARLINGTON, ARL.CO., Va. 24 FUNERAL DIRECTOR 25s. DATE REC'D. BY REGISTRAR 26 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 W. W. CHAMBERS CO. RIVERDALE .Md . 20737 (VRA 15, 4)

STATE OF MARYLAND



(VRA 15, 4)



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Mark Por	10 C	ITY OR TOWN OF DEAT	H		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPAT		b. KIND OF	BUSINESS OR
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Sho of start	23a	BURIAL, CREMATION, RI		23b. DATE	21,	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-00/6		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

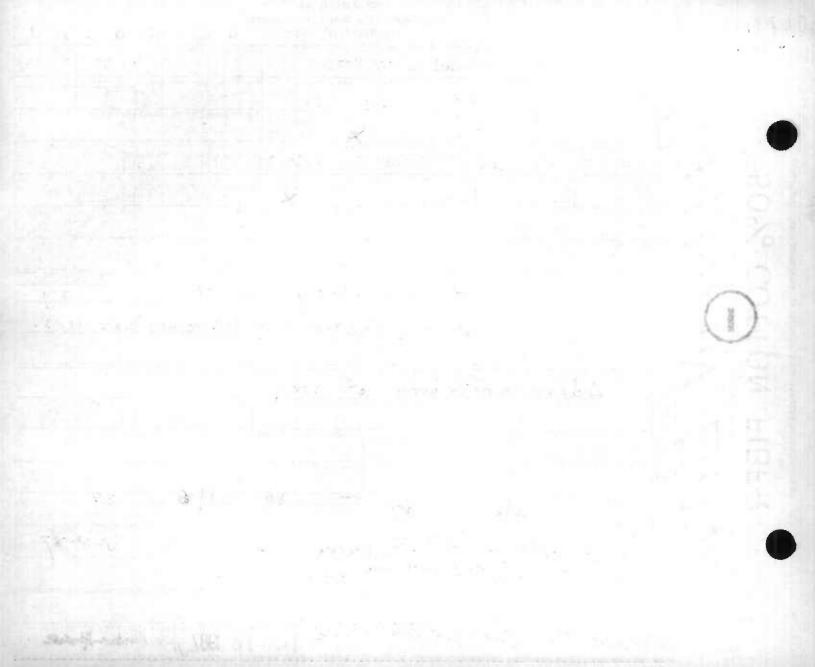
3		FOR STATE CREGISTRAR		DEPARTI		HEALTH AND MENTAL HYGFICATE OF DEATH	IENE 8 / REG. N	0.	8	U	68	
		CEASED NAME FIRST OR PRINT! Robert	^	Edgar	Le	itch	20 DATE OF DEATH	MONTH 03	22 22	VEAR 87	3:15	P
	3 SEX		4 RACE		S. DAJE		6 AGE (IN YEARS LAST BE	RIHDAY)		RIYEAR	IF UNDER 24 HR	
	,	male	wh	ite	MONTH 7	2 OS YEAR	81	YRS	MONTHS	DAYS	HOURS MIN	V.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- CANSUSPANAROS C	9 BALTIMORE CITY			OFDEATH		
2	M	laryland	USA		WIDOW	D NEVER MARRIED	Calvert					MD.
9	10 CI	TY OR TOWN OF DEATH Frederick		HOSPITAL, NURSING HEACHLITY, GIVE STREET	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) farmer		LIFE) IND	126 KIND OF BUSINESS OR INDUSTRY tobbacco		
7	USU / 130. S		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO				
2	M	aryland Anno	arunde	1 Friends	ship	YES NO	Sansbury 1	Road	2075	9		
12	J4 FA	FIRST	WIDDLE	LAST	<u>r</u>	15 MOTHER'S MAIDEN NAM	MIDDIE			LASI		
4	1	Pearson		Leitch		Sadiie			Н	arde	sty	
2	F (Y	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIT NO	MED FORCES? N/a OR DATES)	217 14 S		Robert E. Le	itch 159C		essi ne o	n De rcha	1 1970	7
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per	line far (a), (b), an	dic		1			APPROXI	MATE INTERVAL	н_
			TE CAUSE (a)	Cardi	DP	ulmony	Hunry					
The state of	NOI	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COM	VDITION (SIVEN IN	PART 1 c	1	=
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO					
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR				PART 2}		
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		220 I certify that (I) (this hasp	-0 -0-24	e decraved from	4	120 86	1 3/2)		-0	-	1	_
		saw the deceased alive an abave, (1) (we) (did) (did) no	2/2	-6 10		nd that in (my) (aur) apinion o	leath occurred on the d	ate and h	aur and fr	am the	causes stated	151
Y		226. SIGNATURE	II HEW THE GOOD	omii bearn		DEGREE	MEDICAL STA	FF	22	DATE	SIGNED	
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	74 FU	INERAL DIRECTOR	h Fun	eraportion	ome	Owings MAR	27 1987	1 . 0 .	STRAR'S S	-	JRE	

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YZ F	F	emale	White	5/]6/0	6 YEAR	80 Y	AY) MONT	HS DAYS	Hours	MIN P	RONOUNG	CED	3/2	19 87	1853
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(4.37)	7 M.F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	R'S MAIDEN	NAME	MID	DIE		LAST	
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EDSE49		SPECIFY)	TION, REMOVAL			NAME OF CE				23d. LOC			COUNTY		TATE
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STATE OF MARYLAND 048600 MAR 30137 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME YEAR 26 HOUR LIYPE OR PRINTI Linwood Franklin THOMAS 87 10:33P 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAY YEAR Male White 09 20 09 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) Maryland Calvert WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Memorial (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hospital Pr. Frederick Carpenter Ship Builder 13a. STATE 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Calvert Box 52, Olivet Road 20657 Maryland Lusby NO X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Benjamin Franklin Thomas Minnie Lusby 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 2477 Thatcher Lane No 216-05-8396 Linwood C. Thomas, Mc Farland, Wisconsin 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES -NOF 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MID, F. A. CICATTENDING Should be detained with the State /MEDICAL DIRECTOR PHYSICIAN MPORTANT 278 PHYSICIAN'S NAME TTYPE OF PRINTS 22e ADDRESS 119118514 Prince Frederick, Md. 20678 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE Burial 3-24-1987 Olivet Methodist Ch. Ch. Lusby, Calvert, Maryland 250 DATE REC'D. BY REGISTRAN 250, REGISTRAN'S SIGNATURE Donald V. Borgwardt DHMH - 16 60M 7/84 --- sividon-formation 264, Box 34B, Port Republic, Maryland 20676 MAR 2 (VRA 15, 4)

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m 4		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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b te	3. SE	X	-	4 RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	HOURS MIN.
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hed ept.		22b. SIGNATURE	aloridia nai	I lew the body	atter death.		DEGREE			22c. DATE S	
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TO FUNERAL should be deti with the State IMPORTANT:	23- 5	DR. RONA		T23b. DATE		2. NIA445 05 0	TEMETERY OR SECTION	121 1051701			
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xecut nd co	dicol		AS DECEASED EVER			166 SOCIA	L SECUR	ITY NO.	17 INFORMANT		ADDRE	SS		
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OR ATTEN	hed fept of them item		726 SIGNATURE	tiet) which me	yew the body	attê death.	,		DEGREE				224. DA/E S	-
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W. PRESTON ST.

DIVISION OF VITAL RECORDS, 201

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STATE OF MARYLAND

